

## Litter Crime Scene Investigation Form

Investigating Officer Name:	Date:
Time of Day:	Location (include coordinates, if possible):
Is location environmentally sensitive? (e.g., wetlands, stream, etc.?)	YES      NO      UNKNOWN
If YES, describe: _____	
Description of Waste Illegally Disposed:	
Type: <input type="checkbox"/> Household Waste <input type="checkbox"/> Tires <input type="checkbox"/> Appliances <input type="checkbox"/> Furniture <input type="checkbox"/> C&D Waste <input type="checkbox"/> Vehicle <input type="checkbox"/> Chemicals	
<input type="checkbox"/> Other (Describe) _____	
Amount: _____ MEASURED or ESTIMATED (circle one)	
Is waste hazardous or bio-hazardous?(circle one)	YES                      NO                      UNKNOWN
Is evidence of violator at scene?	YES                      NO
IF YES, describe: _____	
Is waste residentially or commercially generated? (circle)	RESIDENTIAL      COMMERCIAL      UNKNOWN
Photo ID Numbers: _____ Evidence ID Numbers: _____	